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Report on International Forum on Evidence Informed Health Policy in Low-and Middle-Income Countries

Addis Ababa, Ethiopia August 27th-31st, 2012



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KEY MESSAGES

- The International Forum on Evidence-Informed Health Policy (EIHP) in Low- and Middle-Income countries brought together 119 policymakers, stakeholders and researchers from 27 countries to:
 1. Share experiences related to EIHP in LMICs;
 2. Identify opportunities for improvement in EIHP initiatives;
 3. To provide an opportunity for networking among initiatives that support EIHP.
- The event consisted of plenaries, and small group sessions that were organized around five key themes: 1) **Evidence informed health policy in action**; 2) **Skills**; 3) **Tools**; 4) **People**; and 5) **Collaboration and innovation**.
- Many country-level efforts that can support the use of research in policymaking were addressed by sessions within and across these themes:
 - The Forum as a whole—and some of the collaboration and innovation sessions in particular—helped to further establish and promote a **climate** that supports the use of research in LMICs by bringing together a range of policymakers, stakeholders and researchers from several countries.
 - The **production** of high-priority research evidence was addressed in both plenary and small group sessions within the “skills” and “people” themes, and focused on the alignment of funders, producers and potential users of evidence. The role that priority setting plays in facilitating this alignment was also addressed.
 - Evidence briefs for policy, an important focus for **push efforts**, were discussed extensively within plenary sessions, while several small group sessions within the “evidence informed health policy in action”, “skills” and “tools” themes, provided participants with the opportunity to share experiences with briefs, as well as to further establish their capacity to prepare them.
 - **Efforts to facilitate user-pull**, and in particular online “one-stop shops” and rapid response services, were introduced through plenaries and small group sessions that highlighted country experiences within the “collaboration and innovation” theme. Workshops within the “tools” theme exposed participants to existing online tools that facilitate easier access to policy-relevant

research evidence, and provided a chance to learn from countries about how to approach the development of such initiatives.

- **User-pull efforts** were considered within many sessions and were highlighted clearly in the closing plenary. Institutional structures and routine processes were identified as key factors that can be transformed to support the use of research evidence in policymaking.
- Within the plenaries and sessions held within the “tools”, “people” and “collaboration and innovation” themes, the event promoted **exchange efforts** by providing sessions in which participants learned about convening deliberative dialogues and stakeholder engagement within these sessions. With the Forum’s focus on interaction and collaboration and networking, the forum sought to establish ongoing relationships within and across LMICs.
- The role that **evaluation** plays in supporting and promoting EIHP initiatives, as well as the various approaches that can be taken to evaluate such initiatives, was addressed in both the plenaries and small group sessions focused on the theme of “skills” and “tools”.

➤ Take-home messages

1. Capacity building is essential, and must be featured more prominently in future support—both financial and non-financial—for EIHP initiatives.
2. Strong leadership must be identified and supported in order to ensure progress in EIHP.
3. Sustainability is an important challenge that may be overcome through capacity building and staff retention, and through the funding and institutionalization of EIHP initiatives in LMICs.
4. Efforts must be made to ensure inclusive collaboration of marginalized groups within all aspects of EIHP initiatives.
5. Identifying optimal approaches to the local contextualization of global evidence, and integration of local evidence with that global evidence, requires more attention.
6. Engaging the media is extremely important, and should be viewed as a routine aspect of EIHP initiatives.

EXECUTIVE SUMMARY

In recent years, increasing emphasis has been placed on ensuring health policy processes are informed by the best available research evidence to improve health and strengthen health systems in low- and middle-income countries (LMICs). Since the establishment of the World Health Organization's Evidence Informed Policy Network (EVIPNet) and other similar complementary initiatives across the globe, there has been an increase in activity focused on the development and implementation of efforts aimed at supporting the use of research evidence in policymaking. Given the diverse and rich experiences gained through the pursuit of these initiatives, and the potential to share what has been learned as a way to improve future efforts, the International Forum on Evidence-Informed Health Policy (EIHP) in Low- and Middle-Income Countries was held in Addis Ababa, Ethiopia on August 27th-31st, 2012. One-hundred and nineteen policymakers, stakeholders and researchers representing institutions from 27 countries attended the Forum, which had three major goals:

1. To share experiences with (and resources for) evidence-informed health policymaking (EIHP) in low and middle-income countries;
2. To identify opportunities for improving country-level efforts to support EIHP in low and middle-income countries; and
3. To provide an opportunity for networking among initiatives to support EIHP.

The event was comprised of a mix of plenaries and small group sessions that were organized around five key themes: **1) Evidence informed health policy in action; 2) Skills; 3) Tools; 4) People; and 5) Collaboration and innovation.** These sessions introduced participants to the array of EIHP initiatives and promoted capacity building related to their development. Additionally, a pre-forum workshop was held to highlight the role of the media in EIHP, the opportunities and challenges associated



with evidence-informed reporting, as well as to explore the potential for further engagement with members of the media in future EIHP initiatives.

Across all plenaries and sessions held within the various thematic categories, the International Forum addressed many country-level efforts to support the use of research in policymaking. First, bringing together country teams that are heavily involved with EIHP initiatives with those from the same country (and other countries) that are less experienced, enabled achievements to be highlighted and experiences shared. This helped to promote a **climate** that supports the use of research evidence within and across the countries that were represented. The Forum established that there is currently a supportive climate for EIHP in many LMICs. However, more concrete action needs to be taken by funders, as well as government actors, to support for these initiatives.

Second, the **production** of high-priority research evidence in LMICs was addressed at the Forum, with large plenaries highlighting the need for better alignment and interaction between the funders, producers and potential users of research. Small group sessions within the “skills” and “people” themes facilitated learning and sharing related to several available approaches to priority-setting process. The important role of national health research systems was also discussed. Overall, participants at the Forum saw how important it was to think more strategically about the alignment of research funding and production with the needs of policymakers and government within their countries. However, it was pointed out there is a need to ensure that there is a balance that allows for continued innovation through exploratory research not linked to policy priorities.

Third, the important role played by evidence briefs for policy as a core focus for **push efforts** in EIHP initiatives was featured extensively at the International Forum. Large plenary sessions helped to position evidence briefs within the broader context of EIHP, while small group sessions—particularly those within the “evidence informed health policy in action”, “skills” and “tools” theme— enabled participants to learn from the experiences of others while further developing their own capacity to prepare evidence briefs in their own settings. Participants at the Forum came to appreciate the importance of push efforts—and in particular evidence briefs for policy as a focus for these efforts. The need for further



capacity building and skills development to ensure organizations and individuals within countries can prepare evidence briefs was an important lesson learned.

Fourth, providing “one-stop shopping” through online clearinghouses, as well as making rapid response services available to potential users of research evidence were **efforts to facilitate user-pull** that served as focal points within the Forum. Plenaries served to introduce those in attendance to these efforts, while presenting experiences from a variety of countries with setting up rapid response services. Hands-on workshops within the “tools” and “collaboration and innovation” themes exposed participants to existing online tools that facilitate easier access to policy-relevant research evidence, while enabling participants to learn about and share various country experiences with developing clearinghouses and rapid response services. These sessions established the need for these initiatives in EIHP efforts, but also identified for many that they are resource-intensive and often very technical undertakings. As such, the case needs to be made for prioritizing skill development and capacity building for these activities, as well as increased sharing across countries developing and implementing them.

Fifth, the ways in which organizations, governments and other potential research users can promote the use of research evidence through specific **user-pull efforts** was considered broadly throughout the plenaries and small group sessions at the Forum. Institutional structures and routine processes were identified as key factors that influence user-pull. While the illustrative examples provided helped participants envision ways in which user-pull could be enhanced, it was acknowledged that the process will look different in different contexts, and that government ownership of such initiatives is key.

Sixth, the International Forum promoted **exchange efforts** by introducing participants to the role that deliberative dialogues have in EIHP. This was a primary focus of many sessions—and particularly within the “tools”, “people”, and “collaboration and innovation” sessions. Participants learned about the steps required to convene a dialogue, shared experiences with engaging various stakeholders, and considered the ways in which this may be effectively approached. By its very nature the Forum promoted exchange efforts. Specifically, its emphasis on interaction, networking and collaborative learning sought to facilitate sharing at the Forum and promote the establishment of ongoing relationships among



participants working in the same country as well as across countries. While the idea of interaction and exchange is generally well understood, participants at the International Forum highlighted that collaboration within and across EIHP initiatives should be more inclusive. In particular the public, community members and traditionally marginalized groups should be routinely considered and included in efforts to support the use of research evidence.

Finally, the important role that **evaluation** plays in supporting and promoting EIHP initiatives was addressed in large group plenaries and sessions within the “skills” and “tools” theme. Approaches to evaluation, as well as the ways in which it can be used to inform future EIHP efforts were discussed. Evaluation emerged as something that is often taken for granted, but should be emphasized more so in EIHP initiatives. In particular it will help those involved in efforts to link research with policymaking to understand how and why certain approaches work (or don’t work), inform the improvement of future efforts, and help to make the case for increased support for these activities.

Several important overarching lessons were learned at the Forum, and the following take-home messages and key themes that emerged:

1. Capacity building is essential, and needs to feature more prominently in future support—both financial and non-financial—for EIHP initiatives.
2. Leadership is an important factor that helps to ensure EIHP initiatives have the potential to be successful in achieving their intended goals. More attention must be paid to identifying and supporting individuals and organizations that can help drive the EIHP agenda in LMICs through their leadership.
3. Sustainability is a major challenge for all of those undertaking EIHP initiatives in LMICs. Considering the best ways of retaining and cultivating capacity for EIHP, securing stable sources of funding, and institutionalizing efforts to support the use of research in policymaking are all aspects that need to be addressed more actively in the coming years if country-level EIHP initiatives are to be sustained.
4. Ensuring inclusive collaboration within EIHP initiatives in LMICs is an important aspect of the work that has been largely overlooked to date. Efforts must be made so that groups



who are traditionally marginalized as a result of socioeconomic status, gender and culture are considered and included in all efforts to link research to policy.

5. Optimal approaches to local contextualization and the role that local evidence plays within various EIHP initiatives and processes needs more explicit attention in future.
6. Engaging the media should be viewed as a routine aspect of EIHP initiatives. The media plays a major role in health policy processes, and are often interested in engaging with the best available research evidence as a way to promote evidence-informed reporting.

FULL REPORT

A. BACKGROUND

Evidence-informed health policy in low- and middle-income countries

Since the release of the *World Report on Knowledge for Better Health* in 2004 there has been increasing emphasis placed on the need to establish or strengthen existing efforts aimed at supporting the use of research evidence in health policymaking processes in low- and middle-income countries (LMICs). This focus has emerged as a result of the growing awareness that, despite the many promising advances in health research, much of what is known from research evidence is not systematically incorporated into health policy decisions. For many, the failure to draw on the best available research evidence to inform health policy decisions represents a fundamental weakness—and a missed opportunity—in efforts to improve the health of the world’s most vulnerable populations. As such, closing what is often referred to as the “know-do gap” is viewed as a core component of efforts to strengthen health systems in LMICs, where the health challenges are significant and the resources available to address these challenges are often lacking or insufficient.

One response, which grew out of the Ministerial Summit on Health Research in Mexico City in 2004 and a resolution adopted by the 58th World Health Assembly in 2005, is the establishment by the World Health Organization (WHO) of the Evidence Informed Policy Network (EVIPNet). The purpose of EVIPNet is to promote partnerships at the country level between policymakers, researchers, stakeholders (including civil society), in order to facilitate both policy development and policy implementation through the use of the best available scientific research evidence—which can ultimately improve population health and reduce inequities. Country teams consist of partnerships between representatives from national research organizations, senior health officials from government, academics and other civil society organizations. The first teams were established in Asia in 2005, and have since expanded to include teams in Africa, the Americas, the Eastern Mediterranean Region and Eastern Europe.

In the years following their inception, support for the WHO EVIPNet teams as well as other similar entities (which are often collectively referred to as Knowledge Translation or “KT” platforms) has grown,



and projects such as Supporting the Use of Research Evidence (SURE) in African Health Systems, the International Development Research Centre (IDRC)'s International Research Chair in Evidence Informed Health Policies and Systems, and the Regional East African Community Health Policy Initiative (REACH) have emerged to support multi-faceted and synergistic efforts that aim to support the use of research evidence in health policymaking. In particular, teams are engaging in priority setting exercises, preparing evidence-informed policy briefs for priority policy issues and convening deliberative policy dialogues about these same priority issues. Additionally, a smaller set of teams are providing policymakers with access to rapid response services for time-sensitive evidence requests, and some are developing online clearinghouses to facilitate easy retrieval of local policy-relevant documents, which include but are not limited to country-specific research evidence. Taken together, the activities being pursued by the teams focus on many of the key areas which country-level efforts to support the use of research evidence in the policy-making process ought to address:

- **Climate:** how those who fund research, universities, researchers and users of research support or place value on efforts to link research to action;
- **Production of high-priority research:** how priority setting ensures that users' needs are identified and how scoping reviews, systematic reviews and single studies are undertaken to address these needs;
- **Push efforts:** how strategies are used to support action based on the messages arising from research (e.g. preparing evidence based policy briefs)
- **Efforts to facilitate user pull:** how 'one-stop shopping' is provided for optimally packaged, high-quality reviews either alone or as part of a national electronic library for health; how these reviews are profiled during 'teachable moments' such as intense media coverage and how rapid response meet users' need for the best research;
- **User-pull efforts:** how users assess their capacity to use research and how structures and processes are changed to support the use of research;
- **Exchange efforts:** how deliberative processes and meaningful partnerships between researchers and users help them to jointly ask and answer relevant questions;



- **Evaluation:** how support is provided for rigorous evaluations of efforts to link research to action¹.

A key feature of these efforts is their collaborative nature, as well as the “learning by doing” approach that has been adopted during their development and implementation. Within this spirit of collaboration and learning, annual workshops have been held since 2008 with the aim of bringing together core team members to share lessons learned, to identify and develop the skills required to undertake the range of knowledge translation activities, and to reflect on whether, how and why these efforts have helped support the use of research evidence in policymaking within participating countries².

B. INTERNATIONAL FORUM ON EVIDENCE-INFORMED HEALTH POLICY IN LOW AND MIDDLE INCOME COUNTRIES

From the 27th-31st of August 2012, the International Forum on Evidence Informed Health Policy in Low- and Middle-Income Countries was organized in Addis Ababa, Ethiopia, with the aim of expanding the scope of collaboration and learning established in the workshops held in the preceding years. This was achieved by bringing together core country team members as well as other policymakers, stakeholders (including the media and civil society) and researchers who are either engaged in or supportive of similar kinds of knowledge translation efforts in a wider range of LMICs. One-hundred and nineteen participants representing institutions in 27 countries took part in the event, which had three major goals:

1. To share experiences with (and resources for) evidence-informed health policymaking (EIHP) in low and middle-income countries;
2. To identify opportunities for improving country-level efforts to support EIHP in low and middle-income countries; and

¹ Taken from Lavis JN, Lomas J, Hamid M, Sewankambo N. “Assessing country-level efforts to link research to action”. *The Bulletin of the World Health Organization*. 2006; 84: 620-628.

² Addis Ababa, Ethiopia in 2008; Entebbe, Uganda in 2009; Lusaka, Zambia in 2010; Maputo, Mozambique in 2011



3. To provide an opportunity for networking among initiatives to support EIHP

The Forum was hosted by the Ethiopian Health and Nutrition Research Institute (EHNRI), and organized by EVIPNet with support from the European Commission's Seventh Framework Programme, which funds the Supporting the Use of Research Evidence in African Health Systems (SURE) programme. Support was also provided by the International Development Research Centre (IDRC) and by the Evidence and Networks for Health unit of the Knowledge management and Sharing department of the World health organization (WHO). The event was structured as a large consultative process, in which participants engaged in hands-on workshops, shared experiences and best practices in collaborative sessions focused on particular knowledge translation tools, and heard about the latest developments and innovations in the field—both academic and operational—through large plenary sessions that featured some of the world's leading experts on supporting the use of research in policymaking.

The sessions held at the Forum were organized around five major themes: 1) **Evidence informed health policy in action**—and in particular around sharing experiences related to the process of preparing evidence briefs for policy within different country contexts, as well as providing illustrative examples of this process; 2) **Skills** training for some of the core competencies related to knowledge translation efforts; 3) **Tools** that can assist in pursuing knowledge translation strategies as well as sharing experiences related to their development and implementation across countries; 4) **People** who are engaged in, or important as actors within the process of supporting the use of research evidence in health policymaking; and 5) **Collaboration** between the people who are currently engaged in the development and implementation of EIHP initiatives, and those who are important actors in this process, as a way to promote further **innovations** and improvements in these efforts.

This report provides an overview of the Forum including the plenaries, workshops and small group sessions that took place, and highlights some of the key messages that emerged over the course of the four days. It is organized around the six elements of country-level efforts to link research to action outlined above (climate, production of research, push efforts, efforts to facilitate user pull, user pull efforts, exchange efforts), which will help to provide a clear picture as to how the various sessions held within each of the five themes were used to establish shared understandings, as well as promote the

development of skills and capacities related to the many components of knowledge translation efforts in LMICs. It will also serve to illuminate areas that are particularly well addressed by current efforts, as well as be useful in identifying which require more attention in the future. As a way to orient readers of this report, a summary of the thematic sessions in which the various elements of country level efforts were addressed is provided in Table 1. A more detailed version of this table listing specific sessions and their titles in each cell is provided in Appendix 1.

Table 1: Thematic sessions addressing elements of country level efforts to support EIHP

		Plenaries	Small group session themes				
			Evidence informed health policy in action	Skills	Tools	People	Collaboration and innovation
Elements of country-level efforts to support the use of research evidence in policymaking	Climate	✓	✓	✓	✓	✓	✓
	Production	✓		✓		✓	
	Push efforts	✓	✓	✓	✓		
	Efforts to facilitate user-pull	✓					✓
	User-pull efforts	✓					
	Exchange efforts	✓			✓	✓	✓
	Evaluation	✓		✓	✓		

i. Climate

The general climate for linking research to action is important in that it considers how the funders of research, universities, researchers (as well as other research producers) and potential users of research (e.g. policymakers, stakeholders and other researchers engaged in decision-making processes) place value on evidence-informed health policymaking. For instance, funders may have a mandate to support efforts that link research to action, or they may provide support for such efforts in the form of funding. Research institutions (including universities) may support faculty members' efforts to link research to action by providing incentives for them to pursue them as elements of promotion processes.



Researchers themselves may value and promote the use of research evidence in policy as well as their own organizational decision-making processes, while acknowledging the complexities of these processes and the need for other types of information to inform them. Civil society, the media and professional organizations may also place value on the use of research evidence in their own work, and other potential users of research evidence may place value on the use of evidence in their decision-making processes. Finally, there may be a commitment amongst all of these actors to engage in ongoing collaborative processes (i.e. linkage and exchange), so that the production of research and types of information are aligned with the needs of potential users.

Promoting a climate that supports EIHP

Overall, the International Forum in and of itself served as an important step forward in further establishing a climate for EIHP in LMICs. It worked to bring greater attention to and build on the enthusiasm that exists among core members of country teams (which include policymakers, researchers and a range of other stakeholders), while highlighting the range of activities currently being pursued by these teams to an expanded audience who may not have had as much experience with similar initiatives. For many of the participants, the International Forum acted as a first in-depth introduction to the breadth of activities that are currently being pursued across LMICs to support the use of research evidence in the policy process. For others, it was a chance to hear about the experiences, challenges and successes of others, while reflecting on their own experiences in pursuing similar activities. For all participants, however, the event fostered four days of collaborative learning, knowledge sharing, problem solving and planning centered around EIHP. As such, it also helped to consolidate support for EIHP initiatives among the range of policymakers, stakeholders and researchers that attended, while promoting a set of shared values within and across the countries represented that view the role of research in policymaking as a vital component.

Several large group plenary presentations served to provide all participants with introductions to the history of EVIPNet and SURE (Ulysses Panisset), to a variety of ways in which EIHP may be viewed and supported (John Lavis, Iqbal Dhaliwal, Derek Cutler and Ole Norheim), and to the ways in which different countries have approached various EIHP initiatives (Pierre Ongolo-Zogo, Jorge Barreto, Salimata Ki, Lonia Mwape, Harriet Nabudere, Tomas Pantoja). Furthermore, many success stories were



shared in the closing plenary, which served to highlight the ways in which current initiatives have had positive impacts, thereby providing an opportunity to enhance support for similar initiatives in the future. Additionally, the pre-forum journalism workshop that focused primarily of the role of the media in EIHP brought together a select group of funders, policymakers, stakeholders including journalists and researchers to have in-depth discussions about the role of research evidence in reporting about health care. This helped to establish that there is currently an appetite among members of the media in LMICs for engaging with and supporting policymakers, stakeholders and researchers in EIHP initiatives. The need for responsible evidence-informed reporting was also reiterated throughout the day. While the role of the media is often discussed as an important one in the policy process, this pre-forum session showed that members of the media not only value the use of research in policymaking and reporting, but they support interaction and collaboration as a means to support EIHP.

Overall, small group sessions held across all themes at the International Forum broadly addressed the issue of creating a supportive climate for EIHP in LMICs. There were also some specific sessions which provided a more focused emphasis on this issue. In particular, sessions delivered within the “collaboration and innovation” theme provided participants with unique opportunities to get a focused introduction to EIHP initiatives with specific examples (Session 1.5a), to become aware of the various ways in which KT platforms and country teams undertaking a variety of activities can aim to become an ‘institutionalized’ element of the local policymaking context (Session 1.5b) and to understand how to approach promoting EIHP initiatives (as well as KT platforms) among national governments so that they are valued—and ultimately viewed as core components of government (Session 5.5). These sessions helped to get participants that are new to the field up to speed with the current state of EIHP, and they also promoted extensive discussion around aspects of the climate in various countries that have ensured the successful implementation of various initiatives (e.g. support from international funders, and an interest in using evidence among champions in ministries of health). They also ensured challenges were acknowledged within the context of establishing a supportive climate for EIHP (e.g. no clear commitment to capacity building or sustainability for EIHP initiatives among governments and donors) so that participants could reflect on how they could better work towards establishing a supportive climate in their own countries.

Lessons learned

On the whole, there were several important insights gained from the Forum that relate to the current climate for EIHP in LMICs. First, the breadth of participants representing various countries and employed in a range of professional roles suggests that there is widespread interest in and support for efforts to support the use of research evidence in health policymaking. While funders such as the WHO, the IDRC and the EU have established that they place value on these initiatives through financial support to country teams, it was acknowledged that health ministries and policymakers working within ministries need to take similar concrete actions to establish their support for EIHP initiatives—both financially and structurally—as this is often lacking. The case of EHNRI in Ethiopia provided many with a clear illustration of how this can be achieved, with the national ministry of health establishing a unit dedicated to linking research evidence and policy. Furthermore, funders as well as the universities and researchers that produce research also need to do more to show they value capacity building related to these initiatives, because this is frequently overlooked. Participants suggested that increased advocacy among academics and civil society to create a ‘movement’ could help to address some of these shortcomings, and that it is important to continually highlight examples in which EIHP initiatives led to positive outcomes in order to “sell” the importance of this work to a wider audience and further expand support.

ii. Production of high-priority research

The production of research is a key element of linking research to policy, and is one that is particularly important in LMICs, which are often underrepresented in the stock of high quality research (outside of a few applied fields such as the biomedical sciences). Although this has improved in recent years, it is still important to consider how some funders can periodically engage with potential end users of research evidence—such as officials from national ministries of health—to set priorities for research, to commission syntheses such as systematic reviews and scoping reviews, and to fund single studies in the event that a gap has been identified in the available research evidence relevant to a priority policy issue. Additionally, funders and research ethics boards may promote the use of systematic reviews to help provide justification for additional research that can inform a particular element of a priority policy issue, and researchers may engage in capacity building to ensure they can conduct systematic reviews and

other types of syntheses, and respond to the research needs of potential end users when appropriate. Overall, the alignment of priorities between the producers and potential users of research evidence through activities such as priority setting processes can help to ensure relevant, timely and useful evidence that will help to support its use in the policy process.

Addressing the production of research

One of the key goals of the International Forum was to promote collaboration and networking among participants as a means to establish stronger connections within and across countries between research funders, policymakers and producers of research. This was reflected in sessions structured as facilitated collaboration, and in the characteristics of the participants that attended more generally.

The issue of production was explicitly addressed in the second of the large group plenaries. Dr. John Lavis provided all in attendance with an overview of EIHP, as well as the rationale behind the need for priority setting exercises in which those who fund research, those who produce research, and those who may eventually use research collaborate to align what is funded or commissioned with what is needed to answer pressing policy questions. In particular, funders need to think about when it is appropriate to commission a systematic review (or a single study) about a particular question, and when an evidence brief or a rapid response will be a better fit—particularly when time constraints exist. Dr. Ole Norheim presented the case for taking an equity perspective during the priority setting process in LMICs and referenced the contributions that the “Accountability for Reasonableness” framework may contribute to such considerations, while Derek Cutler from the National Institute for Health and Clinical Excellence (NICE) in the UK provided an illustration about how priority setting through collaboration and public engagement works in that particular context. These sessions not only highlighted to the large group the importance of priority setting in the broader context of EIHP, but also provided several concrete approaches that could be employed to achieve greater collaboration and alignment between the research that is produced, the needs of policymakers, and the decision making process itself.

Two small group sessions also addressed the production of research, and priority setting in particular. A “skills” session, led by Dr. Norheim and Dr. Harriet Nabudere asked participants to think critically about the necessary steps required to prioritize certain health issues in the context of EIHP (Session 2.2). Dr. Norheim presented a priority setting guidance framework that was based on

considering the following principles in prioritizing one intervention over another: 1) Strength of evidence and evidence of cost-effectiveness; 2) The intervention’s ability to maximize the health of the population; 3) The intervention’s likely impact with respect to reducing an unfair distribution of health in society (including between those of different socioeconomic status, of different regions, genders and racial backgrounds); and 4) The intervention’s ability to protect against poverty. Dr. Nabudere presented priority setting criteria that were developed based on her own experience with identifying and prioritizing topics for the production of evidence briefs and convening deliberative dialogues in Uganda. Through stakeholder surveys and an advisory group consultation, she suggested that the following criteria be considered in prioritizing for undertaking EIHP initiatives:

- 1) Is the problem (or goal) important?
- 2) Are viable options available that address the problem and/or strategies for implementing options that may have an important impact on the problem?
- 3) Is there an opportunity for change?
- 4) Is there important uncertainty about the problem and potential solutions?
- 5) Is relevant research evidence available?
- 6) Is there interest in informed deliberation about the problem and potential solutions?

One of the key lessons reported was that undertaking priority setting needs to be collaborative, consultative and seek to engage as many relevant stakeholders as possible. Furthermore, face-to-face approaches and telephone conversations are much more fruitful approaches when compared to more impersonal methods (i.e. emails).

The second session that addressed production was held within the “people” theme at the Forum (3.4b), and focused on open discussions among participants focused on defining what it means to engage national health research systems for EIHP initiatives. The session was facilitated by Dr. Don DeSeigny and Lely Solari, and the discussion attempted to engage participants to think about and share some of the strategies available for linking the often disparate goals of national health research systems with those pursuing EIHP initiatives. The following core functions were presented to participants as responsibilities of national health research systems: 1) Governance and management ensuring

leadership, coordination and production of research; 2) Financing; 3) Knowledge generation that engages all stakeholders; 4) Utilization and management of knowledge; and 5) Capacity building. The facilitators then encouraged participants to consider the national health research systems (if they exist) in their own countries and how it is organized and then to consider the various ways in which it intersects with the policymaking process (including how policymakers engage with it). Finally, participants were asked to consider how their own national health research system can be improved so that it is better aligned with the policymaking process as a way to improve population health and strengthen health systems.

Lessons learned

One of the key messages to emerge out of the Forum sessions that addressed the production of research, was the need for those pursuing EIHP initiatives to attend to the needs of government ministries and policymakers. In particular, the preparation of user-friendly summaries, evidence briefs as well as the commissioning of new systematic reviews could be better aligned with the priorities of government. The process of aligning these requires ongoing collaboration and consultation which is ideally face-to-face, as inclusive as possible, and cognizant of how various aspects of equity are addressed. However, it is also important to consider that commissioning new research (including systematic reviews and new single studies) that isn't completely driven by government and ministry priorities is also essential in order to ensure the scientific endeavor remains protected from the capture of policymakers. In all, a balance must be found between the two and defining what this balance is remains a context-dependent question that all country teams must grapple with.

iii. Push efforts

The need for research funders, producers or intermediaries such as members of KT platform country teams to identify actionable messages arising from systematic reviews or single studies (when appropriate), to fine-tune these messages so that they are tailored to the needs of potential research users and to identify the most credible sources with which to work to disseminate these messages can be classified collectively as “push” efforts. Examples of such efforts are the preparation of “user-friendly” summaries highlighting the policy-relevant messages contained in a newly published systematic review, or the development of an evidence brief for policy that starts with identifying a priority policy issue and



then draws on the best available synthesized research evidence to define the problem related to the issue, to frame options that are available to address the problem, and to highlight important implementation considerations that need to be considered if these options are pursued. Push efforts may also include the training of research funders, producers or intermediaries so that they have the capacity to undertake these types of efforts when warranted. Overall, these types of “push” efforts are perhaps the most widely associated with efforts to link research to action.

Addressing push efforts

The ways in which evidence briefs for policy fit within the big picture of efforts to support the use of research in the policy process was considered within many of the large plenary sessions. In particular two plenary sessions addressed these efforts explicitly, with presentations given by Dr. John Lavis (Plenary 2) and Lely Solari (Plenary 4). Dr. Lavis highlighted how, within “push” efforts, evidence briefs for policy are promising initiatives in that they can be prepared in a timely manner and present research evidence in ways that are more relevant to policy makers. Given that they are often used as inputs into deliberative processes, Dr. Lavis highlighted that they can also be considered elements of efforts to facilitate greater interaction, collaboration and exchange between researchers and policymakers. Lely Solari, on the other hand, presented a useful illustrative example to all participants by providing a detailed account of the experience of using WHO guidelines to prepare an evidence brief for policy in Peru.

Many small group sessions addressed “push efforts” in much greater detail, with knowledge sharing, collaborative learning as well as hands-on workshops convened that focused on various aspects of evidence briefs for policy. These were held within the “evidence informed health policy in action”, “skills” and “tools” themes at the Forum. Sessions helped participants develop specific skills that can assist with the development of evidence briefs, and also introduced those in attendance to some useful tools that are helpful for those intending to prepare evidence briefs. In session 1.3b—a “tools” session—Susan Munabi Babigumira and Shaun Treweek introduced and explained the SURE Guides. The guides are available in multiple formats (both online for download and via CD-ROM or USB), and aim to provide users with a suggested outline for an evidence brief for policy accompanied by step-by-step supports that enable users to systematically work through writing each section. They are also supplemented by concrete examples of various processes associated with the preparation of a brief, which are embedded



in the tool. Sessions 3.2, 3.3a, 4.3a, 5.2a, and 5.2b were workshops that each focused on one of the key components of an evidence brief or on concepts linked to components of an evidence brief (e.g. understanding Health Technology Assessment). Participants learned some of the skills necessary to work through the processes of clarifying problems (session 3.3a), describing and deciding on the policy options available to address a problem (session 4.3a), costing policy options using the OneHealth tool (session 5.2a), and considering how options may impact equity (session 3.2). Health technology assessment and its usefulness in prioritizing which interventions may be more effective, and cost-effective was also discussed (Session 5.2b). Taken together these particular sessions held within both the skills and tools themes helped participants develop some of the skills that are essential in preparing evidence briefs for policy. As such, these hands-on workshops served as important capacity building for push efforts within LMICs.

In addition to the applied workshops outlined above that ensured participants at the Forum gained the essential skills necessary to undertake push efforts (i.e. evidence briefs for policy) in their own contexts, several small group sessions within the “evidence informed health policy in action” theme focused on knowledge sharing related to evidence briefs. These sessions were organized so that those attending the Forum could learn about the experiences and challenges of other participants and country teams that have prepared evidence briefs. It also provided an opportunity to highlight how tools such as the SURE Guides, as well as the various skills developed in other sessions were useful in the real world when put into action. For example, Dr. Harriet Nabudere presented REACH Uganda’s experience with preparing an evidence brief for policy focused on human resources for health and task-shifting (Session 2.1), and on maternal and child health (Session 5.1) in “evidence informed health policy in action” thematic sessions. Both outlined the steps taken in Uganda to engage different policymakers, researchers and stakeholders to form an evidence brief working group, as well as the process of defining the policy problem, options for addressing the problem and implementation considerations. Finally, Dr. Nabudere explained how the evidence to inform various aspects of the briefs were accessed and evaluated, and reiterated the importance of using explicit criteria to determine which issues are the most important to address before undertaking similar EIHP initiatives in LMICs. A similar session was held within the same theme that explored the process of developing evidence briefs for policy on health

systems financing (session 3.1). Lely Solari provided the Peruvian experience with developing an evidence brief based on WHO guidelines, and focused on how to overcome barriers within the process. She made explicit the importance of considering local contextual issues that make implementation of the “best evidence” difficult, as well as how to address situations in which there is competing evidence about a particular intervention. Furthermore, the Peruvian experience reiterated the need to present evidence using clear language, to take advantage of political will (or events) that might facilitate the use of evidence, and to prospectively consider the barriers that may hinder its use in policymaking.

Lessons learned

Overall, the International Forum highlighted the importance of pursuing push efforts—and in particular evidence briefs for policy—as a core component of country efforts to support the use of research evidence in health policymaking. It also exposed the complexity underpinning the process of preparing an evidence brief, and firmly established the need to take systematic and transparent approaches when doing so. While the sessions covered the range of issues pertaining to their preparation, provided participants with the tools and practical skills necessary to do so in their own contexts, and discussed the lived experiences of those preparing evidence briefs as a way to anticipate potential challenges within Evidence Informed Health Policy in Action sessions, the need for an increased emphasis on capacity building within country teams emerged as a core theme at the International Forum. While many participants were researchers or had experience in research settings, the preparation of an evidence brief for policy was a novel approach to collecting research evidence that many were not familiar with. As such, more training and support is required to ensure country-level capacity exists to pursue these “push efforts” in the future.

iv. Efforts to facilitate user-pull

Making it easier for potential users of research to find and access the best available research evidence when they need it is a core facet of efforts to support the use of research evidence in the policy process. In particular, policymakers and those supporting them require timely access to research evidence, and in formats that help to highlight decision relevant information. Such “efforts to facilitate user-pull” may include the development of dedicated websites that provide “one-stop shopping” for the



best available and optimally packaged research evidence (e.g. systematic reviews) and other policy-relevant information (e.g. local policy documents that can help users understand important contextual factors), as well as profiling newly published reviews that are optimally packaged and relevant. Furthermore, rapid response services may be established so that written summaries or rapid evidence briefs for policy can be made available for policymakers and other potential users in a timely manner and in formats that are optimal in the context of decisionmaking. Capacity development so that research funders, producers and other intermediary groups have the skills to undertake such activities effectively may also be considered elements of efforts to facilitate user pull.

Addressing efforts to facilitate user pull

Efforts to facilitate user-pull were also extensively featured at the International Forum. Within large group plenary sessions, Dr. John Lavis (plenary 2) outlined the need for “one-stop shopping”, the development of clearinghouses for policy-relevant documents and for rapid response services as elements of comprehensive EIHP initiatives. In particular, he highlighted how these efforts can address the fact that research evidence needs to be made available in a timely manner, and in formats that are policy-relevant and easy to use. In Plenary 4, Dr. Rhona Mijumbi from Uganda, Zida Andre from Burkina Faso and Dr. Lonia Mwape from Zambia presented their own experiences with developing and implementing rapid response services in three different contexts. These services have been set up, or are in the process of being set up, as a way to respond in a timely manner to policymakers’ requests for research evidence to inform priority policy issues. Experience within the three countries varies, as REACH Uganda has been functioning for more than two years, and has prepared more than 50 rapid responses while the ZAMFOHR team in Zambia is only beginning its work and has prepared less than 10. The session stressed how collaboration between the three countries helped to ensure skills could be developed in contexts that had little or no experience with providing such a service. This type of knowledge sharing and learning is essential if similar approaches to facilitating user-pull are going to be scaled up to include more countries.

Small group sessions promoted various aspects of efforts to facilitate user-pull, and in particular, two hands on workshops aimed to create awareness and develop participants’ skills to use some existing examples of such efforts. Two sessions within the “tools” theme (2.3a and 2.3b) ensured that participants



at the International Forum had the opportunity to learn about and experiment with different online resources that make searching for and finding policy-relevant research evidence much quicker and easier. In session 2.3a participants learned about why systematic reviews have distinct advantages over single studies for informing various aspects of policy issues, and were introduced to the Cochrane Library, Health Systems Evidence and health-evidence.ca—three sources of reviews that aim to make evidence about programs, services and drugs (Cochrane), about health systems arrangements (Health Systems Evidence) and about public health (health-evidence.ca) easier to access. The PDQ evidence database, which facilitates very quick retrieval of systematic reviews related to health systems was also introduced to participants in session 2.3b. Additionally, both sessions gave participants the opportunity to experiment with using these sources for finding evidence related to priority issues from their own countries. Taken together, these sessions provided participants with an introduction to “one-stop shopping”, introduced them to some specific online tools and helped some develop the skills to take advantage of these tools for quick retrieval of relevant research evidence—and systematic reviews in particular.

Two small group sessions within the “collaboration and innovation” theme also provided those attending the Forum with the opportunity to learn about the experiences of other participants with developing and implementing various efforts aimed at facilitating user-pull. First, session 3.5a outlined the practical considerations that are required in the process of developing or contributing to a clearinghouse for local data, research evidence and policy documents. The processes, and operational specificities of these projects was discussed so that participants could begin to appreciate the work that has to go into such efforts while gaining a better understanding of their purpose within the broader field of EIHP. Boniface Mutatina and Dr. Harriet Nabudere also weighed in with the Ugandan experience to date, and outlined some of the essential components related to the process of setting up a clearing house, which included: 1) The creation of an advisory group; 2) The development of a terms of reference; and 3) Early engagement with a dependable IT firm. While still early in the process, the team’s experiences helped others interested in the concept of a country-level clearing house consider the various inputs required to achieve their goals. Secondly, the experiences of REACH Uganda with setting up and scaling up a rapid response service were outlined in session 4.5. This session provided a more detailed explanation to



those in attendance about why rapid response services are important, conceptually, in efforts to support the use of research evidence in health policy. Building on this, Dr. Rhona Mijumbi explained what the essential components of a successful rapid response service are (e.g. a merit review committee, advanced skills in searching for and finding relevant research evidence), highlighted experiences with the activities undertaken to date in Uganda, and also outlined the major challenges encountered. Specifically, rapid response services are very time consuming initiatives that require a highly skilled and dedicated person to ensure their success. The Ugandan example also exposed how potential users of research evidence need to be aware of such a service before it will be utilized, and this requires proactive approaches to creating awareness among those the service was developed for. Additionally, once this has been established, the service may be in such high demand that additional capacity is required to ensure those providing the service can keep up with requests. Ultimately, this is a key issue that needs to be considered among any country teams considering establishing their own rapid response service.

Lessons learned

On the whole, the Forum exposed widespread interest in and support for efforts to facilitate user-pull, and specifically for rapid response services and online “one-stop shops”. However, participants stressed the need to consider both the financial and human resources that are required to ensure these types of efforts can be developed and implemented to meet specific country needs. A gap in current efforts to build capacity was identified (i.e. not much emphasis has been placed on developing capacity for undertaking these types of initiatives), and a lack of financial support to pursue both capacity building for, and development of, similar initiatives. Furthermore, it was observed that each context has unique needs. Therefore, it isn't likely that a single template can be used to inform the development of these initiatives across countries, which may create some additional barriers in sharing knowledge related to the practical considerations surrounding both “one-stop shops” and rapid response services. This makes the case for the need to prioritize support for capacity building related to a core set of skills relevant to these two initiatives across countries, so that the competencies exist within each context to develop locally specific clearinghouses and rapid response services. Finally, some participants stressed the need for researchers and intermediaries that aim to support the use of research evidence in policymaking to be



diligent in maintaining rigor and transparency in efforts to facilitate user-pull: particularly within their rapid response services.

v. User-pull efforts

In addition to the efforts undertaken by the funders and producers of research as well as other intermediaries, research users may also engage in specific activities that facilitate the greater use of research evidence. For example, a national ministry of health may reflect on their capacity to acquire, assess, adapt and apply research, and institute structures and processes—such as prompts and reminders— that improve the prospects for research use within routine organizational processes. Users may also take part in capacity building programs, that ensure they have the necessary skills to acquire, assess, adapt and apply research in the context of their role.

Addressing user-pull efforts

While no sessions were focused solely on this aspect of linking research to action, many of the sessions did help to sensitize policymakers and other Forum participants that are potential users of research to the concepts and actions that can be taken to improve the prospects for user-pull. For instance, Dr. Lavis' plenary outlined examples of user-pull efforts in other countries such as Canada where the Ontario Ministry of Health and Long-Term Care has instituted a requirement for all submissions to cabinet to be accompanied by a one-page report highlighting how evidence was used to inform the submission. Additionally, the concept of organizational capacity was discussed extensively, and was one of the key themes to emerge out of the small group reflection sessions that were used to inform the final plenary. Furthermore, many of the sessions discussed the concept of capacity among individual research users and their need to be considered within the scope of broader efforts to support the use of research evidence in the policy process. Participants highlighted the need for ministries of health to take a greater interest in promoting the use of research evidence through concrete action such as re-structuring to promote EIHP, and to ensure institutionalization of country teams within existing government structures. While the Ethiopian country experience and the initiatives of EHNRI provided a clear example of how ministries can enhance user-pull, many in attendance struggled with how this could be achieved in other settings in the same way.

Lessons learned

The International Forum on Evidence Informed Health Policy highlighted the need for greater attention to be paid to the development of capacity among potential users of research evidence (e.g. policymakers, and stakeholders, civil society and the media). This is important at the organizational level, where entities like ministries of health and district hospital boards need to consider whether and how their institutional structures support the use of research evidence, and whether there are sufficient mechanisms to promote the consideration of the best available evidence within decision-making processes. Furthermore, regular assessments of both organizational and individual capacity to acquire, assess, adapt and apply relevant research evidence within these processes should be promoted so that “user-pull” is improved across LMICs. Ultimately, participants agreed that strong leadership and political will are required to make this a reality.

vi. Exchange efforts

Ensuring ongoing relationships between research producers and potential users are established and cultivated was one of the overarching objectives of the International Forum, and for good reason: Exchange between these “two communities” is often identified as the cornerstone of efforts to support the use of research evidence in the policy process, and has consistently been identified as an important factor that increases the likelihood that research evidence will be used to inform policy decisions. As such, building partnerships around the co-production of research, which may include activities such as collectively identifying pressing policy questions and then commissioning or conducting a systematic review, evidence brief for policy or single study (where appropriate) to help inform these questions is an important form of exchange. These efforts can help overcome the mutual mistrust that can exist between producers and users, begin to sensitize policymakers and stakeholders to the realities of the research process and also ensure that researchers have a better sense about the complexities of the policymaking process. When exchange efforts take the form of deliberative dialogues that use the best available research evidence (e.g. an evidence brief for policy) as an input into discussions, these interactions can also ensure that other policy-relevant information—such as values, beliefs, personal goals and political positions—can be openly discussed and integrated in a transparent way with research evidence.



Addressing exchange efforts

On its own, the International Forum on Evidence Informed Health Policy in Low- and Middle-Income Countries provides an excellent example of a focused effort to establish partnerships, foster collaboration and exchange, and enhance levels of interaction among policymakers, stakeholders, and researchers. It was hoped that these interactions and networking opportunities would also contribute to the establishment of ongoing relationships and partnerships between policymakers, stakeholders and researchers both within and across LMICs represented at the Forum. As was outlined in the background of this report, there was a diverse range of people from different professional backgrounds representing number of countries and positions in attendance. Each session was designed to encourage deliberation and discussion around some of the core concepts related to EIHP, and to foster further linkages between those participants that could be considered potential users of evidence (e.g. representatives from ministries of health and the media), those that fund research (e.g. donors), as well as individuals producing research (e.g. university researchers, those conducting research for NGOs and civil society groups).

Plenary sessions helped to ground these concepts by providing more specific examples of how exchange efforts can be pursued to support the use of research evidence in the policy process. First, the opening plenary highlighted the many activities, including the extensive collaborations that have been pursued through EVIPNet and SURE to date, while Dr. John Lavis provided an explanation as to why exchange efforts are so important—in addition to the ways in which deliberative dialogues can help to establish important and meaningful exchanges between policymakers, stakeholders and researchers. Derek Cutler’s presentation gave the illustrative example of NICE in the UK, and the ways in which exchange is employed within their processes to help facilitate interactions between researchers and policymakers.

Several small group sessions at the International Forum focused on exchange efforts, and these served to introduce participants to the process of convening deliberative dialogues within “tools” themed sessions (session 1.3a) as well as to highlight the need for, and developing the skills to undertake the engagement of different actors in efforts to support EIHP (session 1.4a, 1.4b, 2.4b, 3.3b, 3.4a, 4.4a, 4.4b, 5.4, 5.5). Within one of the sessions within the theme of “tools”, Dr. Lavis and Dr. Nabudere facilitated a



hands-on workshop in session 1.3a that outlined the key concepts underpinning deliberative dialogues which included: 1) The need for locally contextualized evidence; 2) The need to incorporate other types of policy relevant information with research evidence (e.g. stakeholder values and beliefs); and 3) The fundamental difference between a debate and a dialogue, as well as the advantages of pursuing the latter in the context of EIHP. Furthermore, a set of guiding questions that can serve as steps in the process of convening a deliberative dialogue were presented to participants. The Ugandan experience with organizing and convening a dialogue was also presented so that those attending the session had a concrete example of how the steps could be applied in practice. It was also helpful in getting participants to consider the many challenges that are inherent in such a process, as well as to highlight that there needs to be adjustments made in each country so that the dialogue process is appropriate. For example, in Uganda, the REACH team had to convene two dialogues for each priority policy issue—one for high level decision makers from the ministry, members of parliament, and the media, and another for mid-level decision makers. Furthermore, the key components of convening a successful dialogue, such as having a skillful moderator and a clear agenda, were discussed.

Many sessions held within the “people” theme addressed exchange. For instance, sessions 1.4a, 1.4b, 2.4b, 3.4a, and 4.4a all discussed the importance of engaging different actors in the policy process in EIHP initiatives. Engaging donors was the focal point of session 1.4a, where participants shared experiences on how to best engage donors, to establish and maintain relationships and encourage sustainability of EIHP initiatives. The session highlighted that, at present, donors tend not to be interested in knowledge translation efforts and EIHP in general and that while biomedical research and burden of disease research tends to get funded, support for broader initiatives such as those discussed at the Forum are much more difficult to find support for. The role of government ownership of country research initiatives is essential if donor coordination and engagement will result in greater prioritization for EIHP funding. Cameroon’s experience with engaging civil society in EIHP initiatives was discussed in session 1.4b where it came to light that, although these organizations are crucial to the successful implementation of policy, they are not always well equipped to engage in efforts to support the use of research in policy (lack of research literacy or incentives to engage in EIHP). Furthermore, there are systemic challenges to engaging civil society such as the health policy process itself and the unknown agendas of donors, as



well as the diversity of roles among civil society that make it difficult to adopt one approach to engagement. These experiences were considered within the broader group and lessons from countries were shared. Session 2.4b focused on experiences in Brazil at the Piripiri Evidence Centre, which served as successful examples of the benefits of engaging municipal decision makers. The Centre engaged local decision-makers in the development of an evidence informed policy brief and the convening of a deliberative dialogue. These initiatives informed a municipal policy plan to address perinatal mortality, and supported a decision to implement a pay-for-performance scheme in primary care.

In another session held within the “people” theme, the importance of engaging the media was highlighted (3.4a). Similar to discussions that took place during the pre-forum media workshop, the important role that the media play in the policy process was explored, and it was further established that many members of the media are supportive of EIHP. Much like other potential users of research evidence, the media need improved support related to accessing relevant research, and require formats that are useful in the context of reporting. Interactions and increased engagement were posited as useful ways to support evidence-informed reporting, but researchers as well as media representatives need to be more open to these relationships. Engaging international partners was the focus of session 4.4a (also held within the theme of “people” at the Forum), where the issue of funding dominated the discussion. In particular, “engagement” was often viewed as financial support by many participants in the context of ensuring sustainability of EIHP initiatives, although the need to consider other types of support was also raised. Representatives from international organizations highlighted that there is a need for those undertaking EIHP initiatives to make clearer what their goals and purposes are so that a stronger case is made for such efforts. Additionally, session 5.5 within the theme of “collaboration and innovation” highlighted the ways in which engagement and exchange should be conceived of in the context of EIHP initiatives. Experiences in Nigeria suggested that there needs to be a greater concerted push to extend the concept of interaction beyond the dyad established with the “two-communities” hypothesis to encompass a much wider and diverse range of policy actors and potential evidence users. This includes inclusion of other stakeholders discussed in the sessions outlined above such as the media, donors, the international community, as well as members of the local community.



Finally, two sessions took on the very important issues of engaging and facilitating exchange in ways that are inclusive. Firstly, session 3.3b held within the theme of “collaboration and innovation” moderated by women trainers in EIPM, Salimata Ki, Harriet Nabudere and Isabelle Wachsmuth by encouraged participants to interact and discuss aspects related to ensuring women are represented and empowered in EIHP initiatives. In particular the need to recognize gender as a cross-cutting issue in all contexts was established, as well as the need to ensure women are represented within institutions that are critical to policy development. Participants suggested that the latter can be achieved through focused capacity building efforts that ensure women are prepared for leadership in research as well as politics, and that more effort needs to be placed on cooperation between actors and organizations that view gender issues as important. These principles were used to underpin the promotion of specific actions that need to be given more attention in 2013 and beyond.

On the other hand, session 5.4 held within the theme of “people” and moderated by David Yondo and Isabelle Wachsmuth, highlighted strategies to foster the development and scale-up of initiatives that work towards the engagement of francophone communities in EIHP. This was achieved by sharing lessons learned and lived experiences. The session focused on the fact that, at present, African francophone countries are relatively isolated. As a result, there is a need to develop strategies that ensure greater interaction and collaboration, so that they are enabled to frequently share best practices and discuss how EIHP can be better supported within their unique context. Sustained linkages between those supporting EIHP in francophone countries will also be discussed as a way to foster shared reflection about their unique challenges, while highlighting their common realities and values. Furthermore, participants established that the francophone community must consider how to become more integrated with the global community, as their competencies and experiences provide them with enormous potential to contribute to the successful development of EIHP as a field of practice and inquiry. By the time the International Forum was underway, the “Health Information for All” initiative (<http://www.hifa2015.org/hifa-evipnet-francais/>) had already been established to support this enhanced collaboration among, and integration of African francophone communities. However, this session also highlighted that there is also a need for sub-regional networks which may be fostered by sub-regional focal points. A full report was



written to this effect, and can be viewed online at

<http://who.int/evidence/forum/ReportAddisFrancophonecommunity.pdf>.

During the session, participants established that the following need to be further developed in the francophone context: 1) Relevant competencies and skills required to undertake EIHP initiatives in the African francophone context; 2) A greater sense of community and improved networking among francophone countries and those within countries that support EIHP; 3) Rapid response mechanisms; 4) The stock of available local research, and skills to undertake research that will be locally applicable; 5) Mechanisms that encourage sharing the values and rules related to EIHP across African francophone communities; 6) Leadership; and 7) A culture of feedback and evaluation.

Lessons learned

While the importance of exchange and interactions in EIHP initiatives was well established before the International Forum, the event helped to provide a much better understanding about what exchange actually means, given the diverse array of actors necessary in efforts to support EIHP as well as the many ways in which exchange and interaction can work to promote successful efforts to link research with policy decision making processes. In particular, the event itself served as evidence that collaboration and shared learning can be successful, while highlighting the point that the concept is much more complex than what has previously been considered. The nuances in the process of convening deliberative dialogues were shown to be highly context-dependent. Additionally, the range of actors that need to be engaged in order to promote successful EIHP initiatives in a sustainable way proved to be much broader than is generally acknowledged. For example, the need to engage the media and the ways in which this can be successfully approached are issues that have seldom received attention by those undertaking efforts to support the use of research in policymaking. Furthermore, exchange and interaction must be inclusive, as the sessions on gender and language served to highlight. Overall, while it is still essential that exchange efforts are considered in specific ways and linked to efforts that aim to increase the use of



evidence in the policy process (such as in convening deliberative dialogues), they also need to be thought of in broader terms as well: in relation to funding, sustainability, and in promoting equity.

vii. Evaluation

While the active development and implementation of the various efforts that can be used to improve the prospects for research use in policymaking is essential, understanding whether, how and why these efforts have been successful (or not) in achieving their intended goals is also very important. As such, evaluation of efforts to link research to action is important for funders, producers and potential users of research evidence as it can help provide justification for further investment of time and resources for particular groups of activities that have shown to be promising, and can also identify aspects of these efforts that need to be re-considered or adjusted. Well-designed evaluations may also be helpful in identifying fruitful avenues for future innovation, and serve as an essential communication tool that helps explain efforts to support the use of research evidence in policy to those who are new to the field, while providing a basis for adapting particular efforts to local contexts.

Addressing evaluation

Evaluation of EIHP initiatives was discussed in many capacities at the International Forum. Dr. Lavis introduced the idea of evaluation within the context of country level EIHP efforts, and Iqbal Dhaliwal discussed impact evaluation as an essential tool to help understand implementation of interventions in plenary 2. In particular, the need to consider how “effective” evidence-based interventions actually work (or fail to work) when introduced into highly specific contexts is a very important aspect of promoting the use of research in the policy process. Iqbal Dhaliwal summarized by suggesting that establishing evidence-based policies wasn’t enough, and that only by undertaking an evaluation of what happens when such decisions are implemented can tell us how successful our efforts to support the use of research evidence have been in promoting improved health and stronger health systems. Overall, both speakers that discussed evaluation framed it as a way to help promote broader “buy-in” for interventions when they are successful, and should therefore be integrated into EIHP initiatives.

While small group sessions did not focus as much on evaluation in EIHP, a session within the “skills” theme (1.2), which was also presented by Iqbal Dhaliwal, served to promote an approach to policy



and impact analysis currently employed by the Poverty Action Lab. In particular, he highlighted that there are varying types of impact that can be considered, and different methods to approach different types of impact evaluation (RCTs, cost-effectiveness studies, etc). The session and discussion among participants suggested that the purpose should be to understand what is happening, and to use the results of piloted evaluations to promote scale-up of interventions or policies found to have positive impacts. Additionally, it highlighted the importance that needs to be placed on evaluation within the context of EIHP. The second session, 5.3, addressed similar issues but focused on routine evaluation of national laws and policies within the theme of “tools”. This was discussed as a way to ensure decisions, and existing laws and policies, were well-informed. Ideally, this process can ensure people are benefitting from these decisions, and that in the event of unintended harms, new policies and laws are established.

Lessons learned

At present, much of the focus on EIHP initiatives is on the “doing”, rather than on understanding what the impacts of the many approaches currently taken to link research with policy are. Furthermore, there are assumptions made about the utility of evidence-informed decision making processes that tend to position them as an end in themselves. However, the few sessions at the Forum focused on evaluation made it clear that routine evaluation of EIHP efforts are essential because they can shed light on what types of efforts are most likely useful in supporting the use of research evidence in health policy. This is essential, given the need for additional support to ensure sustainability of these efforts, and the need for the results of evaluations to make the case for scaling-up support among donors. Additionally, evaluation of decisions, policies, and laws that emerge as a result of processes that are informed by evidence are just as vital, because they can provide a better understanding about whether, once implemented, decisions that are based on the best available research evidence are having their intended—and assumed—positive impacts. Overall, it is clear that evaluation must be made a bigger priority among all people engaged in EIHP initiatives.

C. WHAT HAVE WE LEARNED? SUMMARY OF MAJOR THEMES AND TAKE-HOME MESSAGES

This report has provided a detailed summary of the sessions held, topics addressed, as well as the lessons learned at the International Forum on Evidence Informed Health Policy in LMICs which was held in Addis Ababa, Ethiopia from August 28th-31st 2012. In particular, it has highlighted the ways in which participants gained a deeper understanding of the various elements of efforts to support the use of research evidence which include: the climate for supporting EIHP; the production of research; push efforts; efforts to facilitate user-pull; user-pull efforts; exchange efforts; and evaluation. On the whole, sessions held across all themes—Evidence Informed Health Policy in Action, Skills, Tools, People, Collaboration and Learning—emphasized collaborative learning, knowledge sharing and promoted capacity building. As this report has shown, there were several lessons learned with respect to particular aspects of efforts to support EIHP initiatives. Additionally, several overarching messages emerged with consistency throughout the week that could be found permeating all aspects of the Forum and EIHP initiatives more generally. As such, we believe they constitute the “take-home” messages from the International Forum, and provide direction for future planning and action related to EIHP:

- 1) Capacity building – While much has been done within the last 4-5 years to build the capacity and skills required in pursuing the range of EIHP initiatives within countries, more emphasis needs to be placed on this area in the next 4-5 years. The technical nature and complexity of activities such as preparing an evidence brief, convening a deliberative policy dialogue, or developing an online clearinghouse became apparent to many participants in Addis. It is essential that the necessary skills are continually developed among those who intend to engage in these activities, and this needs to be reflected in the structures through which support, both financial and non-financial, is provided in the future.

- 2) Leadership – Nearly all of the examples provided at the Forum to illustrate ‘successful’ EIHP initiatives acknowledged the central role that strong leadership plays in the process. It suggested that strong leadership is essential at all levels engaged in efforts to support the use of research evidence in policy processes. This includes the community level, the country “knowledge translation platform” team level, as well as the level of national ministries of health. Strong leaders that support EIHP can help promote these activities further, creating a climate more amenable to such efforts. They can also be important during the process of establishing collaborative partnerships between research funders, research producers and potential users, and during broader systemic transformations that may be required to promote EIHP. More attention needs to be paid to ensuring leaders at all levels with a vision to support EIHP are identified, encouraged, and supported in the work that they do.
- 3) Sustainability – One major challenge confronting all those who are currently engaged in efforts to support the use of research evidence in health policymaking is ensuring sustainability of these efforts. Sustainability was framed by participants as dependent on three interrelated factors. The first factor, which is also related to capacity building, is retaining and cultivating extant capacity. At present, there is an urgent need to find the best ways of ensuring that those individuals who have been trained in the range of skills required to undertake the range of EIHP initiatives are retained by country “KT” platforms and other organizations doing similar work. Structures and processes that enable the transfer of skills to the next generation are also required. The second factor that will determine sustainability of these initiatives is funding. Unfortunately, there has been difficulty identifying and securing stable sources of funding to support these efforts. More dialogue around how current funding calls can be used to support EIHP initiatives, and how future calls can be framed to more explicitly incorporate these initiatives is required. Finally, the institutionalization of “KT” platforms and similar entities within the structures (or processes) of government was seen as a key factor that will help to promote sustainability. Institutionalization may help overcome both the challenges related to retention of those with capacity, as well as

funding. Unfortunately, a universally applicable set of steps that can be taken within each context to ensure institutionalization is available.

- 4) Inclusive collaboration – While the idea that collaboration, interaction and exchange are core components of all EIHP initiatives—particularly among those funding research, those producing research and the potential users of research—the International Forum identified the need to have a more inclusive conceptualization of collaboration. In particular, participants suggested that community members and the public need to be much more engaged in EIHP initiatives. Additionally, more attention needs to be paid to ensuring groups that are traditionally marginalized as a result of their socioeconomic status, gender and culture are incorporated in efforts to support the use of research.

- 5) Local contextualization and local evidence – The need for high quality, policy-relevant systematic reviews was highlighted among participants, and is generally accepted among those engaged in efforts to support the use of research evidence in health policy. However, many of those attending the Forum felt that there is currently too much focus on this “global evidence”, and a lack of consideration about how to effectively integrate the best available systematic reviews with “local evidence”, including locally conducted single studies, ministry reports and other policy-relevant documents. Integrating what is known from locally relevant evidence is a key aspect of ensuring what is known from systematic reviews can be adapted to the local context. More effort needs to be made to make explicit the ways in which local evidence can be used to contextualize findings from reviews within the processes of undertaking EIHP initiatives, such as preparing evidence briefs and developing online clearinghouses.

- 6) Engaging the media – While the role of the media is frequently acknowledged as an important factor within policy processes, this group has been underrepresented within EIHP initiatives to date. The pre-forum media workshop that took place in the day before the Forum illuminated that not only do the media play an important role in disseminating health information, highlighting



potential policy problems and providing a voice to civil society and members of the public, they are also interested in engaging with researchers and policymakers to support EIHP in LMICs. However, the methods, processes and structures that define current EIHP initiatives need to be adjusted to ensure the unique contributions of the media can be realized, and that they can engage with the messages arising from the best available research evidence. Funders of research, producers of research and potential users of research (including the media) must do more to interact and collaborate to support EIHP initiatives as well as promote evidence-informed reporting.

The International Forum on Evidence Informed Health Policy was an important step forward in establishing the importance of efforts to support the use of research evidence to inform health policy in LMICs. The event served to facilitate collaboration and learning among a diverse range of participants, provided exposure to novel tools that can support those undertaking EIHP initiatives, and built capacity through hands-on workshops that equipped attendees with the skills needed to successfully pursue these activities. It also provided those in attendance with the opportunity to share experiences and highlight where improvements must be made in the future. As has been highlighted in this report several times, the International Forum signaled that the challenges ahead in this complex field are many. However, the many achievements showcased throughout the four days also established that there is much progress to build on in the future, and reason for optimism.

D. APPENDIX I: An overview of thematic sessions addressing elements of country level efforts to support EIHP

Elements of country-level efforts to support the use of research in policymaking	Plenaries	Small group session theme				
		Evidence Informed Health Policy in Action	Skills	Tools	People	Collaboration and Innovation
Climate	<p>All sessions broadly contributed to promoting a climate for EIHP</p> <p>Specific sessions that addressed climate:</p> <p>Opening plenary</p> <p>Plenary 2: “Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP”</p> <p>Plenary 3: Panel discussion-“Evidence informed health policy initiatives, cross-country experience”</p> <p>Closing plenary: Success stories and lessons learned</p>	All sessions broadly contributed to promoting a climate for EIHP	All sessions broadly contributed to promoting a climate for EIHP	All sessions broadly contributed to promoting a climate for EIHP	All sessions broadly contributed to promoting a climate for EIHP	<p>All session broadly contributed to promoting a climate for EIHP</p> <p>Specific sessions that addressed climate:</p> <p>1.5A: An introduction to EIHP and specific examples</p> <p>1.5B: Team Empowerment: Experiences with creating teams, developing team capacity and ‘institutionalizing’ teams for sustainability</p> <p>5.5: Obtaining local funding support: How EIHP can be recognized as a central component of government. This workshop will also address the engagement of policymakers and policymakers and how key stakeholders can support EIHP.</p>
Production	<p>Plenary 2: “Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP”</p>		2.2: Priority setting		3.4b: Engaging national health research systems	



Push efforts	<p>Plenary 2: “Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP”</p> <p>Plenary 4: “Innovations, cooperation processes and country team sustainability”</p>	<p>2.1: Evidence briefs for policy on human resources for health: Health worker retention and motivation</p> <p>3.1: Evidence briefs for policy on health systems financing: National health insurance and budget allocation</p> <p>4.1: Going from guideline to evidence brief for policy: The Peruvian experience on micronutrient policy for anemia</p> <p>5.1: Maternal, neonatal and child health: Evidence briefs for policy</p>	<p>3.2: Considering the impacts of policy options on equity</p> <p>5.2a: Costing policy options</p> <p>5.2b: Health technology assessment</p>	<p>1.3b: Preparing and using evidence-informed policy briefs: The SURE GUIDES</p> <p>3.3a: Clarifying health systems policy problems</p> <p>4.3a: describing and decision on the policy options available to address a problem</p>		
Efforts to facilitate user-pull	<p>Plenary 2: Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP</p> <p>Plenary 4: Innovations, cooperation processes and country team sustainability</p>			<p>2.3a: Searching for and finding policy-relevant research evidence</p> <p>2.3b: A tool for finding research evidence: PDQ</p>	<p>3.5a: Developing a “one-stop shop”: Practical considerations in developing or contributing to a clearinghouse for local data, research evidence and policy documents</p> <p>4.5: Establishing a rapid response service: Lessons learned about pilot testing and scaling up</p>	



User-pull efforts	<p>Plenary 2: Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP</p> <p>Closing plenary highlighted the need for greater government involvement</p>					
Linkage and exchange	<p>Opening plenary</p> <p>Plenary 2: Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP</p>			1.3a: Organizing and facilitating policy dialogues	<p>1.4a: Engaging donors</p> <p>1.4b: Engaging civil society</p> <p>2.4b: Engaging municipal decision-makers</p> <p>3.4a: Engaging the media and the importance of media relations</p> <p>4.4a: Engaging international partners</p> <p>4.4b: Social media and evidence-informed health policy</p> <p>5.4: Engaging francophone communities through networking</p>	<p>3.3b: Engaging and empowering women in evidence-informed policymaking</p> <p>5.5: Obtaining local funding: How EIHP can be recognized as a central tenet of government/engagement of policymakers and how key stakeholders can support EIHP.</p>
Evaluation	<p>Plenary 2: Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP</p>		1.2: Health policy and impact analysis: Monitoring and evaluation	5.3: National laws and policies that require routine evaluation		



E. APPENDIX II: PLENARY PROGRAMME

**Evidence Informed Health Policy in Low and Middle Income Countries:
An International Forum**
Addis Ababa, Ethiopia - August 28th-30th, 2012
Plenary programme

Opening Plenary, Tuesday Aug 28th, 9:00 – 10:30

Chairs: Susan Munabi Babigumira and Ulysses Panisset

Presenters:

Amha Kebede, Director of EHNRI - Welcome from local host
Khaled Bessaoud - WHO representative in Ethiopia
Susan Munabi Babigumira – Intro to SURE
Ulysses Panisset – Welcome, intro to EVIPNet
Launches of EVIPNet and SURE initiatives
Federal Ministry of Health

Plenary 2, Tuesday Aug 28th, 16:45 – 18:00

Looking at EIHP initiatives from different perspectives and opportunities to link to other initiatives and expand the scope of EIHP

Chairs: Julie Cliff

Presenters: John Lavis – Science and Action: Overview of evidence informed health policy initiatives and health systems research.

Iqbal Dhaliwal – Poverty Action Lab & impact evaluation

Derek Cutler – UK-NICE and health technology assessment (HTA)

Ole Norheim – priority setting and equity

Plenary 3, Wednesday Aug 29th, 9:00 – 10:30

Panel discussion: Evidence informed health policy initiatives, cross-country experience

Chairs: Shaun Treweek

Presenter: Pierre Ongolo-Zogo Cross-country analysis of arrangements for knowledge translation

Panel Members: Jorge Barreto - Brazil

Salimata Ki – Burkina faso



Lonia Mwape - Zambia
Harriet Nabudere - Uganda
Tomás Pantoja – Chile

Plenary 4, Thursday, Aug 30th, 9:00 – 10:30

Innovations, cooperation processes and country team sustainability

Presenters: Rhona Mijumbi– Rapid response services

André Zida and Lonia Mwape: inter-country cooperation for Rapid response services

Gerard Gresenguet – challenges for a small team: the experience of Central African Republic

Mamuye Hadis – developing EHNRI’s directorate of Technology Transfer & Research Translation as a knowledge translation platform

Lely Solari: a case from a WHO guideline to an evidence brief for policy

Closing Plenary, Thursday, August 30th, 16:45 – 18:00

Closing plenary – Success stories and lessons learned

Chair: Don de Savigny

Presenters: Journalists, PhD students and the audience.

F. APPENDIX III: WORK SESSIONS FULL PROGRAMME

Evidence Informed Health Policy in Low and Middle Income Countries: An International Forum

Addis Ababa, Ethiopia - August 28th-30th, 2012

Small group session programme

(Last updated 17-08-2012)

You can find below descriptions of each session including title, target audience and facilitator. Sessions are also grouped by themes.

- The "evidence brief for policy" (theme 1) sessions will introduce the structured format of the evidence brief for policy in the context of evidence informed health policy, while taking an in depth look into the research and writing processes of an evidence brief for policy.
- "Skills" (theme 2) sessions will focus on practical techniques pertaining to particular individuals within the research to policy to action pathway.
- "Tools" (theme 3) sessions will focus on the instruments available to help facilitate knowledge translation and encourage evidence informed policymaking.
- The "people" (theme 4) sessions will focus on forming networks and partnerships to work with highly complex issues and broadly based stakeholders – an essential component for evidence-informed policymaking.
- Sessions within the "collaboration and innovation" (theme 5) theme will focus on sharing experiences of current evidence informed health policy initiatives with a focus on the challenges and successes inherent within each topic.

Within each theme, there may be up to two sessions running concurrently (sessions A and B for each theme in each time). Sessions will all be based around active participation and dialogue. Some sessions, titled "hands on workshops" (HoW) will feature practical training in using a particular tool or practicing a specific skill. Others, titled "knowledge sharing" (KS) sessions, will consist of an interactive presentation by an experienced doer in the field, where participants are free to ask questions and comment throughout followed by a facilitated discussion. Finally, some sessions, "facilitated collaborative learning" (FCL) will be based on open facilitated discussion and focus on the experiences of participants on a particular topic.

Please select your top three choices for each timeslot in the annexed work-sessions' selection sheet and send your choices to Mr Markus Hultstrand at markus.hultstrand@gmail.com

Small group session round 1, Tuesday, August 28th 11:15-13:00

Session 1.2

Title: Health policy and impact analysis: monitoring and evaluation

Theme: Skills

Facilitator: Iqbal Dhaliwahi

Audience: Everyone

Session type: Hands on workshop (HoW)

Description: Participants in this session will practice devising strategies, based on the experience of fellow participants, to effectively monitor and evaluate evidence-informed policy based on specific examples from the Poverty Action Lab at <http://www.povertyactionlab.org/>. Health impact analysis is an essential component of evidence informed policymaking to help both in using evidence to foresee consequences and health outcomes and to evaluate implementation. When there are important uncertainties, monitoring and evaluation of piloted or fully implemented health policies is an essential step in the evidence informed policymaking process. The results of monitoring and evaluation measures can feedback to policymakers to adjust and improve the proposed policy.

Session 1.3a

Title: Organizing and facilitating policy dialogues

Theme: Tools

Facilitator: John Lavis and Harriet Nabudere

Audience: Researchers and policymakers

Session type: Hands on workshop (HoW)

Description: Participants in this workshop will share experiences and expertise on convening policy dialogues from invitation protocol and facilitation, to reporting and follow-up procedure. Participants will also practice useful skills and strategies for effectively facilitating policy dialogues. Convening relevant stakeholders is increasingly recognized as a key step in achieving successful evidence-informed policy and can facilitate the engagement of representatives of civil society. Policy dialogues support the translation of policy into strategies and plans. Although challenging to coordinate, policy dialogues encourage social debate and interaction between stakeholders and often lead to tangible strategies and practical outcomes. Follow-up activities are often organized to ensure sustained action on the high priority issue in question.

Session 1.3b

Title: Preparing and using evidence-informed policy briefs: the SURE guides

Theme: Tools

Facilitator: Susan Munabi Babigumira and Shaun Treweek

Audience: Researchers and policymakers

Session type: Knowledge sharing (KS)

Description: Participants in this session will explore practical uses of the SURE Guides, an innovative guide for Preparing and Using Evidence-Based Policy Briefs. Participants will be able to effectively translate the theory behind the SURE Guides to situations that are relevant in their own contexts at home. These guides are intended for those people responsible for preparing and supporting the use of policy briefs and ensuring that decisions about health systems are well-informed by research evidence.

For more information, see SURE Guides at <http://global.evipnet.org/SURE-Guides/>

Session 1.4a

Title: Engaging donors

Theme: Skills



Audience: Everyone

Facilitator: Marie Gloriose Ingabire

Session type: Knowledge sharing (KS)

Description: Participants will share experiences in how best to engage donors to encourage sustainability and networking potential for evidence informed health policy initiatives. This session will focus on establishing and maintaining relationships with various donor bodies and framing projects to apply for appropriate funding. Financial stability is an essential component of sustainability for evidence informed health policy initiatives. Many projects that aim to improve or establish new knowledge translation platforms take several years and require nurturing and long-term funding solutions.

Session 1.4b

Title: Engaging civil society

Theme: People

Audience: Everyone

Facilitator: ZAMFHOR and Cameroon teams

Session type: Knowledge sharing (KS)

Description: This interactive presentation and discussion will allow participants to explore the importance of engaging the public (patients and citizens) at all levels of health systems in the context of evidence informed health policymaking. Participants will explore strategies to establish policies that include the public's ideas and address their concerns and how this can be leveraged to then improve the implementation of health policies. The public is the ultimate recipient of the desirable and undesirable impacts of public policies. There are, however, certain potential tensions that can arise when engaging the civil society and the media in evidence-informed policy. Both the potential opportunities and drawbacks of these relationships will be explored in this small group session.

Session 1.5a

Title: An introduction to Evidence Informed Health Policy (EIHP) and specific examples

Theme: Collaboration and innovation

Facilitator: Ulysses Panisset

Audience: Newcomers

Session type: Knowledge sharing (KS)

Description: Participants in this session will be introduced to evidence informed health policymaking as an approach to policy decisions that aims to ensure that decision making is well informed by the best available research evidence and specific networks working towards supporting evidence informed health policymaking initiatives. Participants will ideally think critically about the role of evidence informed health policymaking in low and middle income countries. Evidence-informed policymaking becomes particularly relevant in resource-constrained settings; the best evidence should be used to inform the most efficient and effective policies. Country teams in resource-constrained settings have emerged as global forerunners in evidence-informed policy, experimenting with innovative strategies, testing and evaluating new methodologies and greatly benefitting from their hard work.

Session 1.5b

Title: Team empowerment: Experiences with creating teams, developing team capacity and 'institutionalizing' teams for sustainability

Theme: Collaboration and Innovation

Facilitator: Gérard Gresenguet, Mamuye Hamid

Audience: Everyone

Session type: Facilitated collaborative learning (FCL)

Description: Participants in this small group session will explore their experience in building capacity for policymaking teams and devise strategies to better integrate policy teams within local contexts. Participants will also discuss existing and innovative policy team models with specific considerations for different national contexts. Policy teams are collaborative initiatives, bringing together knowledge and experience from researchers, policy-makers, civil society groups and research and public institutes. In order for teams to be sustainable, they should become recognizable and branded institutions.



Institutionalization allows a team to concretely define its mission, policies, vision and strategic plan while aligning them to a broader network of country and regional teams.

Small group session round 2, Tuesday, August 28th 14:00-15:45

Session 2.1

Title: Evidence briefs for policy on human resources for health: health worker retention and motivation

Facilitators: Francisco Mbofana, José Chidassicua, Harriet Nabudere, David Yondo

Theme: Evidence informed health policy in action

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Participants in this session will explore the specific steps and challenges encountered when writing and eventually implementing an evidence brief for policy that is related to human resources for health. Facilitated by country teams who have published rigorous evidence briefs for policy, participants can engage in discussion and devise strategies to engage in activities to work towards researching for and writing evidence briefs for policy, a key tool in the evidence informed health policymaking process as a means to efficiently package evidence for policymakers. As examples of evidence brief for policy on human resources for health that will be discussed: Task shifting to optimise the roles of health workers to improve the delivery of maternal and child healthcare policy brief (2011) and Improving access to skilled attendance at delivery policy brief (2012), both from Uganda; *Retaining Human Resources for Health in Remote Rural Areas evidence brief for policy* (2012, Cameroon); and *The retention of health workers in rural and remote areas evidence brief for policy* (2012, Mozambique)

Session 2.2

Title: Priority setting

Theme: Skills

Audience: Everyone

Facilitators: Ole Norheim and Harriet Nabudere

Session type: Knowledge sharing (KS)

Description: Participants in this session will discuss the aspects of priority setting within healthcare and health policy. First, participants will think critically on steps taken to prioritise certain healthcare issues in a health systems context. Second, participants will discuss priority setting strategies that apply best to evidence informed health policymaking. Many of the challenges that arise in evidence informed policymaking or in trying to establish or improve knowledge translation platforms can be overcome by effective and efficient priority setting before embarking on a specific project. Participants in this session will engage in a facilitated discussion on strategies to set effective priorities to manage resources and overcome challenges in evidence informed health policymaking.

Session 2.3a

Title: Searching for and finding policy relevant research evidence

Theme: Tools

Facilitator: Kaelan Moat and Daniel Patino

Audience: Researchers and policymakers

Session type: Hands on workshop (HoW)

Description: Participants in this session will learn and devise practical strategies to search for and find the best available policy relevant research evidence tools to facilitate finding this evidence. Participants will then have the opportunity to practice these strategies based in a problem established by the facilitator. In order to produce highly effective evidence briefs for policy, researchers can use specific tools to search for and find the best available policy relevant research evidence. It is imperative that policy options and implementation considerations be informed by research evidence that is relevant, reliable and easily accessible. **Participants are required to bring a laptop/tablet with Wi-Fi capabilities.**

Session 2.3b

Title: A tool for finding evidence: PDQ

Theme: Tools



Facilitator: Tomas Pantoja and Sarah Rosenbaum

Audience: Researchers and policymakers

Session type: Hands on workshop (HoW)

Description: Participants in this session will explore the use of PDQ (“pretty darn quick”) Evidence (www.pdq-evidence.org), an easy-to-use online search engine to facilitate access to the best available evidence for decisions about health systems. Following a brief introduction to PDQ Evidence, participants will have an opportunity to search for evidence on specific topics of interest, ask questions and provide suggestions for improving this resource. **Participants should bring a laptop computer with Wi-Fi capabilities.**

Session 2.4a

Title: Engaging the next generation

Theme: People

Facilitators: Boniface Uguru

Audience: Everyone

Session type: Facilitated collaborative learning (FCL)

Description: Capacity strengthening for evidence-informed policy teams requires long-term commitment. Research shows that bringing together young adults and decision-makers to deliberate policy issues can lead to greater civilian engagement and sustainability for an organization. By promoting young policy-makers and researchers, organizations can advance the dialogue on policies, empower young adults and students to be more engaged in the dialogue and change decision-makers’ attitudes towards young adults and students. Participants in this session will share their ideas on how to interest and promote young policy-makers and researchers in evidence-informed policy organizations.

Session 2.4b

Title: Engaging municipal decision makers

Theme: People

Facilitator: Jorge Barreto

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Participants in this session will discuss with an experienced municipal decision maker on how best to approach others to engage them in evidence informed health policymaking. The discussion will also focus on the potential capacity of municipal and local-level decision makers in terms of implementation considerations and framing policy options. In evidence informed health policymaking, the importance of local context and participation of the general public is fundamental. In scarce resource contexts, what can local decision-makers need and can count on to promote evidence-informed policy-making.

Session 2.5

Title: IDRC-EVIPNet presentations by country teams on current initiatives and innovations

Theme: Collaboration and Innovation

Facilitator: EVIPNet Africa Country team leaders, Ulysses Panisset and Marie-Gloriose Ingabirre

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Thanks to a generous three year grant from the IDRC (International Development Research Centre, Canada), policy teams have been formed and renewed in nine country and regional settings. These policy teams have worked on multi-year projects to create or improve knowledge translation platforms. Participants will have the opportunity to engage in discussion with policy team leaders on particular challenges and successes they have encountered in their work on current projects; for example, on the establishment of national clearing houses, rapid response services and monitoring and evaluation platforms. This will provide an opportunity for policymakers and researchers to receive feedback on their work and be inspired by the work of their colleagues.

Small group session round 3, Wednesday, August 29th 11:15-13:00

Session 3.1

Title: Evidence briefs for policy on health systems financing: national health insurance and budget allocation

Theme: Evidence informed health policy in action

Facilitator: SURE/other EVIPNet teams

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Participants in this session will explore the specific steps and challenges encountered when writing and eventually implementing an evidence brief for policy that is related to health systems financing. Facilitated by country teams who have published rigorous evidence briefs for policy, participants can engage in discussion and devise strategies to engage in activities to work towards researching for and writing evidence briefs for policy, a key tool in the evidence informed health policymaking process as a means to efficiently package evidence for policymakers.

Session 3.2

Title: Considering the impacts of policy options on equity

Theme: Skills

Facilitator: Ole Norheim

Audience: Everyone

Session type: Hands on workshop (HoW)

Description: Based in a hypothetical scenario, participants will practice assessing equity considerations for evidence briefs for policy and share experiences on how to address these. Key elements of the workshop will include critically evaluating whether policy options contribute, improve or do not change health inequities. Inequities in health are defined as "differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust".

Session 3.3a

Title: Clarifying health system and policy problems

Theme: Tools

Facilitator: Pierre Ongolo-Zogo and David Yondo

Audience: Policymakers and researchers

Session type: Hands on workshop (HoW)

Description: Participants will share and learn from experience clarifying health system and policy problems practicing these strategies in hypothetical situations. Ideally, participants will practice essential tools to clarify policy contexts and strengthen their knowledge on the importance of this process. Session 2.2a discussed priority setting as a key first step in the policymaking process. Clarifying problems is the second essential step when working towards evidence informed health policy. For researchers seeking to push their knowledge forwards into the policy sphere, problem clarification is highly important. When a problem is clarified, along with clear options and implementation considerations, policymakers are more likely to be able to identify and seek out ways forward. Sessions 4.3a will touch on framing options and session 5.3a will discuss implementation considerations as the next steps in the policymaking process.

Session 3.3b

Title: Engaging and empowering women in evidence informed health policymaking

Theme: People

Audience: Everyone

Facilitator: Salimata Ki, Harriet Nabudere, Isabelle Wachsmuth

Session type: Facilitated collaborative learning (FCL)

Description: It is essential that evidence informed health policies include specific considerations that encourage gender equity and the empowerment of women and girls and that women are included and empowered within the health policymaking process as researchers, policymakers and key stakeholders.



Participants in this facilitated discussion will explore their personal experiences in integrating women's and girl's empowerment and gender issues into evidence informed health policies as well as devise practical steps in order to improve and institutionalize considerations on women's issues within evidence informed health policymaking initiatives. The discussion will also focus on the establishment of a community of female trainers in evidence informed health policymaking, the potential for a supporting workshop in 2013 and opportunities for funding for these initiatives.

Session 3.4a

Title: Engaging the media and the importance of media relations

Theme: People

Audience: Everyone

Facilitator: Declan Okpalaeke and Julia Belluz

Session type: Facilitated collaborative learning (FCL)

Description: The role of media in health policy formulation is well established. Mass media represents an essential link in the knowledge translation pathway between researchers, policy-makers and the general public, who live with the outcomes of policy. Critical reporting on health policy is a fundamental step in the research to policy to action pathway. This session will explore the importance of media relations and devise strategies to improve relationships among researchers, policymakers and reporters as well as encourage accuracy in health policy reporting. This facilitated discussion will focus on participants' experiences working with or for the media, and how to overcome barriers that get in the way of evidence-informed health reporting. The session will report on findings of a pre-forum workshop for journalists and representatives of civil society that will take place 27 August.

Session 3.4b

Title: Engaging national health research systems

Theme: People

Facilitators: TBD

Audience: Research and policymakers

Session type: Facilitated collaborative learning (FCL)

Description: In this open discussion, participants will explore: the relationship between national health research systems and evidence-informed health policymaking initiatives; their experience linking the two, and potential strategies for achieving their overlapping goals. National health research systems and evidence-informed policymaking initiatives have overlapping goals and methods activities. For example, both contribute to setting priorities for research and aim to ensure access to research that is needed to inform important decisions about healthcare. Linking efforts to support evidence-informed policymaking with national health research systems can enhance the aims of both. On the other hand, embedding evidence-informed policymaking with a national health research system may have unintended consequences for either, or both. The group will discuss whether integrating evidence-informed health policymaking initiatives in national health research systems can be an effective and efficient strategy for initiating and sustaining these initiatives.

Session 3.5a

Title: Developing a "one-stop shop": Practical considerations in developing or contributing to a clearing house for local data, research evidence and policy documents

Theme: Collaboration and Innovation

Audience: Everyone

Facilitator: TBD

Session type: Knowledge sharing (KS)

Description: Participants in this session will explore key considerations in developing national, user-friendly clearing houses to easily and efficiently help policymakers, managers and researchers access the best available research evidence. Participants will further discuss the respective roles of national and international clearing houses in evidence informed health policymaking. Ideally, policymakers can access research in a "one-stop shop" where local data is presented as a synthesis of the best available research



evidence on a given topic that has been prepared in a systematic and transparent way. EVIPNet and the SURE collaboration are developing and testing clearing houses for policy-relevant research evidence and will discuss in this sessions,

Session 3.5b

Title: Establishing and sustaining EHP initiative: a country team's perspective

Theme: Collaboration and Innovation

Facilitator: TBD

Audience: Everyone

Session type: Facilitated collaborative learning (FCL)

Description: Participants in this session will share experiences in establishing and sustaining EHP initiatives. Ideally, participants will be able to establish specific strategies to work with stakeholders in various contexts with specific attention to the potential for institutionalization and networking. The evidence-informed policy community affirms that collaboration between policymakers, researchers and stakeholders promotes the implementation (and successful outcomes) of evidence-informed policy. However, one specific model will not meet the needs in each country context given differing political and environmental contexts. Therefore, EVIPNet, REACH and similar initiatives encourage the contextual adaptability of the mechanisms proposed to empower policy teams.

Small group session round 4, Wednesday, August 29th 14:00-15:45

Session 4.1

Title: Going from guideline to evidence brief for policy: The Peruvian experience on micronutrient policy for anaemia

Theme: Evidence informed health policy in action

Facilitator: Lely Solari and Evelina Chapman

Audience: Everyone

Session type: Knowledge Sharing (KS)

Description: Participants in this session will explore the specific steps and challenges encountered when writing and eventually implementing an evidence brief for policy that is based on a WHO or other evidence-based guideline of a renowned organization. Facilitated by country teams who have published rigorous evidence briefs for policy, participants can engage in discussion and devise strategies to engage in activities to work towards researching for and writing evidence briefs for policy, a key tool in the evidence informed health policymaking process as a means to efficiently package evidence for policymakers.

Session 4.2

Title: Health information systems

Theme: Skills

Facilitator: Don de Savigny

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Participants in this session will share their experiences and learn from an expert on how to best support health information systems as part of national institutions such as ministries of health or provincial secretariats and using them in the health policymaking process. As health information systems work to collect and process data from various national, local and regional sources, how can they better feed the evidence informed health policymaking process? Researchers can use health information systems to establish a baseline for evaluation and providing context for the existing problem. National health information systems should be better utilized to help clarify and size a problem, frame options and devise implementation considerations. What institutional arrangements can favour the links between



health information systems and evidence-informed policy-making teams (a.k.a. knowledge translation platforms).

Session 4.3a

Title: Describing and deciding on policy options

Theme: Tools

Audience: Policymakers and researchers

Facilitator: TBD

Session type: Hands on workshop (HoW)

Description: Participants in this session will share experiences and discuss ways to select and describe policy options focusing on contextual considerations, cost, equity and acceptability in a political context. Deciding which options to present and summarising what is known about the effects (benefits and harms), costs, impacts on equity, acceptability and how certain the evidence is for each option is an essential step of the evidence informed health policymaking process.

Session 4.3b

Title: A framework for going from evidence to health systems decisions

Theme: Tools

Facilitator: Claire Glenton and Sarah Rosenbaum

Audience: Researchers and policymakers

Session type: Hands on workshop (HoW)

Description: In this session we will introduce a framework for going from evidence to health system decisions and demonstrate how the framework can be used to support decision-making processes by working through an example. The framework includes relevant considerations (criteria) for making health system decisions or recommendations, evidence to inform each of those considerations, judgements in relationship to each criterion, and judgements regarding the balance of desirable and undesirable consequences in relation to each option and a decision or recommendation.

Session 4.4a

Title: Engaging international partners

Theme: People

Facilitators: Peter Ndumbe and Ulysses Panisset

Audience: Everyone

Session type: Facilitated collaborative learning (FCL)

Description: In this open facilitated discussion, participants will address and expand their knowledge on the importance of engaging international partners to establish and sustain evidence informed health policy initiatives. A key question in the discussion will surround the potential for networking opportunities.

Session 4.4b

Title: Social media and evidence informed health policy

Theme: People

Facilitator: Sandy Campbell and Luis Gabriel Cuervo

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Participants in this session will expand their knowledge on the use of social media in health and healthcare while devising innovative strategies to integrate these models within evidence informed health policymaking. The discussion will focus on the potential for networking, the role of social media in terms of advocacy and the potential for the generation of new knowledge using new media sources. Specific attention will be paid to different contextual circumstances and devising strategies to integrate social media into any evidence informed health policymaking initiative.

Session 4.5

Title: Establishing a rapid-response service: Lessons learned about pilot testing and scaling up



Theme: Collaboration and Innovation

Audience: Everyone

Facilitator: Rhona Mijumbi and André Zida

Session type: Knowledge sharing (KS)

Description: Participants will share their experiences in developing rapid-response services and methods to scale up and sustain these initiatives. Key questions that will be addressed in this session include local considerations in the establishment of rapid response services, their practical applicability and importance within policymaking networks. Rapid-response services provide concise, user-friendly evidence briefs for policy in a short time period (hours to days) in order to meet the needs of policymakers for research evidence that is appraised, contextualised and accessible in a short timeframe. To learn more about rapid response services, consult <http://www.who.int/evidence/sure/rapidresponses/en/index.html>

Small group session round 5, Thursday, August 30th 11:15-13:00

Session 5.1

Title: Maternal, neonatal and child health: evidence briefs for policy

Theme: Evidence informed health policy in action

Facilitator: SURE/other EVIPNet teams

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Participants in this session will explore the specific steps and challenges encountered when writing and eventually implementing an evidence brief for policy that is related to mother and child health. Facilitated by country teams who have published rigorous evidence briefs for policy, participants can engage in discussion and devise strategies to engage in activities to work towards researching for and writing evidence briefs for policy, a key tool in the evidence informed health policymaking process as a means to efficiently package evidence for policymakers. Evidence briefs for policy to be discussed include post-partum haemorrhage management and infant mortality and reducing maternal mortality in Burkina Faso and Central African Republic.

Session 5.2a

Title: Costing policy options

Theme: Skills

Audience: Everyone

Facilitator: Tessa Edejer (TBC)

Session type: Hands on Workshop (HoW)

Description: This session will explore practical skills for researchers and policymakers in costing policy options and strategies to present these efficiently and clearly. Key questions that will be explored include the importance of costing options and strategies to do so in specific local contexts. The costing of policy options is an important component of programming and the evidence brief for policy. Establishing the costs associated with policy options is necessary when presenting possible opportunities for policymakers.

Session 5.2b

Title: Health technology assessment

Theme: Skills

Audience: Everyone

Facilitator: Derek Cutler

Session type: Knowledge sharing (KS)

Description: Thanks to research and innovation, new technologies with the potential to improve the health of populations through more effective care are continuously being introduced. Health technology assessment tools are essential to evidence informed health policy making as a means to assess and evaluate these innovations and their potential health impacts and cost-effectiveness. In order to optimize health systems care and services using the available resources, the most effective and safe technologies should be promoted while taking consideration of organizational, societal and ethical issues. This session will consider how health technology assessment can inform the policymaking process, how functional links can be developed and maintained between HTA developers and decision makers, and who should 'own' and drive the HTA process. Participants will gain insight into existing health technology assessment systems and devise strategies to improve and establish new assessment tools.

Session 5.3

Title: National laws and policies that require routine evaluation

Theme: Tools



Facilitator: Claire Glenton and Susan Munabi Babigumira

Audience: Everyone

Session type: Knowledge sharing (KS)

Description: Governments and international organisations have ethical obligations to make well-informed decisions. Routine evaluation of the impacts of public programmes is essential to fulfil these obligations, including assessment of likely impacts before programmes are launched and impact evaluations after they are launched. Following an interactive presentation of a review of examples of laws and policies that require routine evaluation of public programmes and lessons learned from this experience, we will discuss opportunities and strategies for developing and implementing similar laws and policies in the participant's countries and international organisations.

Session 5.4

Title: Engaging francophone communities through networking

Theme: People

Audience: Everyone

Facilitator: Isabelle Wachsmuth, David Yondo

Session type: Facilitated collaborative learning (FCL)

Description: Participants in this facilitated dialogue will explore strategies to foster and scale-up initiatives that work towards the engagement of francophone communities in evidence informed health policy-making, sharing lessons learned and lived experiences. This session will further focus on issues surrounding multilingualism in evidence-informed policy-making, by discussing other experiences (e.g. ePORTUGUÊSe-EVIPNet, PAHO's work with Spanish speaking countries,; challenges and opportunities in China).

Session 5.5

Title: Obtaining local funding support: How EIHP can be recognized as a central component of government

Theme: Collaboration and Innovation

Facilitator: TBD

Session type: Facilitated collaborative learning (FCL)

Audience: Everyone

Description: To build sustainable relationships with national governments, evidence-informed policymaking initiatives should be locally funded and perceived as a public good of government. When framed as such, evidence-informed policymaking and associated research can become a central component of many aspects of government tasks and a consistent priority on governmental agendas and budgets. Participants will share their experiences in securing funding and advocating for evidence-informed policymaking as an essential responsibility of their governments.

G. APPENDIX IV: WORK SESSIONS TIMETABLE

	Small group session theme							
	Evidence Informed Health Policy in Action	Skills	Tools		People		Collaboration and Innovation	
1. Tues. 28th 11:15-13:00	No session at this time.	1.2 - HoW Title: Health policy and impact analysis: monitoring and evaluation Audience: Everyone Facilitator: Iqbal Dhaliwal	1.3A - HoW Title: Organizing and facilitating policy dialogues Audience: Researchers and Policymakers Facilitator: Harriet Nabudere, John Lavis	1.3B - KS Title: Preparing and using evidence-informed policy briefs: The SURE Guides Audience: Policymakers and researchers Facilitator: Susan Munabi Babigumira and Shaun Treweek	1.4A - KS Title: Engaging donors Audience: Everyone Facilitator: Marie-Gloriose Ingabire	1.4B - KS Title: Engaging civil society Audience: Everyone Facilitator: ZAMPHOR and Cameroon teams	1.5A - KS Title: An introduction to EIHP and specific examples Audience: Newcomers Facilitator: Ulysses Panisset	1.5B - FCL Title: Team Empowerment: Experiences with creating teams, developing team capacity and 'institutionalizing' teams for sustainability Audience: Everyone Facilitator: Gérard Gresenguet, Mamuye Hamid
2. Tues. 28th 14:00-15:45	2.1 - KS Title: Evidence briefs for policy on human resources for health: health worker retention and	2.2 - KS Title: Priority setting Audience: Everyone Facilitator: Ole Norheim and	2.3A - HoW Title: Searching for and finding	2.3B - HoW Title: A tool for finding evidence:	2.4A - FCL Title: Engaging the next generation	2.4B - KS Title: Engaging municipal decision-	2.5 - KS Title: IDRC Presentation by Country teams on current initiatives and innovations Audience: Everyone	

	<p>motivation Audience: Everyone Facilitator: Francisco Mbofana, José Chidassicua, Harriet Nabudere, David Yondo</p>	Harriet Nabudere	<p>policy relevant research evidence Audience: Researchers and policymakers Facilitator: Kaelan Moat and Daniel Patino</p>	<p>PDQ Audience: Researchers and policymakers Facilitator: Sarah Rosenbaum and Tomas Pantoja</p>	<p>n Audience: Everyone Facilitator: Peter Ndumbe</p>	<p>makers Audience: Everyone Facilitator: Jorge Barreto</p>	<p>Facilitator: EVIPNet Africa Country team leaders, Ulysses Panisset and Marie-Gloriose Ingabirre</p>	
	Evidence Informed Health Policy in Action	Skills	Tools/Collaboration and Innovation		People		Collaboration and Innovation	
3. Weds. 29th 11:15-13:00	<p>3.1 - KS Title: Evidence briefs for policy on health systems financing: national health insurance and budget allocation. Audience: Everyone Facilitator: SURE/other EVIPNet teams, André Zida, Tessa Edejer and Mario-Gloriose Ingabirre</p>	<p>3.2 - HoW Title: Considering the impacts of policy options on equity Audience: Everyone Facilitator: Ole Norheim</p>	<p>3.3A - HoW Title: Clarifying health systems and policy problems Audience: Policymakers and researchers Facilitator: Pierre Ongolo-Zogo, David Yondo</p>	<p>3.3B - FCL Title: Engaging and empowering women in evidence informed policymaking Audience: Everyone Facilitator: Salimata Ki, Harriet Nabudere, Isabelle</p>	<p>3.4A - FCL Title: Engaging the media and the importance of media relations Audience: Everyone Facilitator: Julia Belluz, Declan Okpalaek</p>	<p>3.4B - FCL Title: Engaging national health research systems Audience: Researchers and Policymakers Facilitator: Don de Savigny and Lely Solari</p>	<p>3.5A - KS Title: Developing a “one-stop shop”: Practical considerations in developing or contributing to a clearing house for local data, research evidence and policy</p>	<p>3.5B - FCL Title: Establishing and sustaining EIHP initiatives: a country-team’s perspective Audience: Everyone Facilitator: Jahar, Fadi Al-Jardi and Sudanese team</p>

				Wachsmuth	e		documents Audience: Everyone Facilitator: Ulysses Panisset	
4. Weds. 29th 14:00-15:45	4.1 - KS Title: Going from guideline to evidence brief for policy: the Peruvian experience on micronutrient policy for anemia Audience: Everyone Facilitator: Lely Solari	4.2 - KS Title: Health information systems Audience: Everyone Facilitator: Don de Savigny	4.3A - HoW Title: Describing and deciding on policy options in different contexts Audience: Researchers and Policymakers Facilitator: Tomas Pantoja and Evelina Chapman	4.3B - HoW Title: A framework for going from evidence to health systems decisions Audience: Researchers and policymakers Facilitator: Claire Glenton and Sarah Rosenbaum	4.4A - FCL Title: Engaging international partners Audience: Everyone Facilitator: Ulysses Panisset	4.4B - KS Title: Social media and Evidence informed health policy Audience: Everyone Facilitator: Sandy Campbell and Luis Gabriel Cuervo	4.5 - KS Title: Establishing a rapid-response service: Lessons learned about pilot testing and scaling up Audience: Everyone Facilitator: André Zida, Rhona Mijumbi	
5. Thurs.	Evidence Informed Health Policy in Action 5.1 - KS	Skills 5.2A - 5.2B - KS	Tools 5.3 - KS	People 5.4 - FCL	Collaboration and Innovation 5.5 - FCL			

<p>30th 11:15- 13:00</p>	<p>Title: Maternal, neonatal and child health: evidence briefs for policy Audience: Everyone Facilitator: SURE/other EVIPNet teams and Shaun Treweek</p>	<p>HoW Title: Costing Policy options Audience : Everyone Facilitator: Tessa Edejer</p>	<p>Title: Health technology assessment Audience : Everyone Facilitator: Derek Cutler</p>	<p>Title: National laws and policies that require routine evaluation Audience: Everyone Facilitator: Claire Glenton and Susan Munabi Babigumira</p>	<p>Title: Engaging francophone communities through networking Audience: Everyone Facilitator: Isabelle Wachsmuth and David Yondo</p>	<p>Title: Obtaining local funding support: How EIHP can be recognized as a central component of government. This workshop will also address the engagement of policymakers and policymakers and how key stakeholders can support EIHP. Audience: Everyone Facilitator: TBD</p>
<p>6. Thurs. 30th 14:00- 15:45</p>	<p>Success stories and lessons learned: Small group discussions for sharing country experiences</p>					